REVIEWS.

Art. XII.—*The Transactions of the American Medical Association.* Instituted 1847. Vol. XI. Philadelphia, 1858. 8vo., pp. 1027.

The work before us belongs to that class of publications the contents of which demand most imperiously the exercise of a searching, discriminating, and fearless criticism. The very fact of the several papers embraced in these *Transactions* being published under the sanction of an institution which we have claimed as our National Medical Congress, representing, at once, the mind and will of the entire profession of these United States, gives to them an importance and influence far beyond what even the best of them would have commanded had they made their appearance under less lofty auspices.

It is in vain that the Association annually disclaims all responsibility for whatever may be contained in the reports and communications embraced in their printed *Transactions.* So far as relates to the accuracy of the facts, the correctness of the observations, and the legitimacy of the deductions set forth in such reports and communications, such disclaimer may with great propriety and truthfulness be made. Nevertheless, while the Association is unquestionably entitled to the credit that is due for whatever actual reforms it may have effected, and for whatever valuable contributions to the general fund of medical information it has been the means of eliciting and widely circulating, it is, also, in some degree at least, amenable to censure, when it gives currency to any report or essay which, in matter or manner, is calculated to bring into discredit the professional or literary character of the great body of American physicians. Do what we will, say what we will, the *Transactions of the American Medical Association* will not the less be viewed abroad as the exponent of the actual state of medical knowledge and education in the United States. It is fair to presume that, in the nomination of the committees charged to report on special subjects, the Association always makes choice of such of its members as are presumed to be best acquainted with the subjects referred to them, or to be possessed, at least, of the talents and skill requisite for their faithful and satisfactory investigation,—that its prizes are always bestowed upon such essays as are, in its estimation, worthy of them—and that, in accepting and referring for publication any voluntary communication, it believes it to contain either new facts and observations or original and valuable deductions from facts and observations already known. Among the professed objects of the Association a leading one is the elevation of the standard of medical education and the cultivation and diffusion of medical knowledge. Now, we apprehend that this object is not to be attained by allowing every paper which is read or offered to be read at its meetings, whether by a committee of its own appointment or presented by one of its members as a voluntary contribution to be inserted in its printed *Transactions* as a matter of course, without any regard to its matter or its manner.

We freely admit that, so far, the Association has kept prominently in view the leading objects contemplated in its organization, and that it has already made some progress towards their achievement. We are fully aware that it has done much good, more, perhaps, than could have been expected from the lax character of its organization and the many difficulties which presented themselves as impediments to its successful working. Still, what it has done is but as nothing when compared with the important labour it has still to accomplish before its mission can be said to be fulfilled.

In the eleven volumes of *Transactions* published by the Association there is contained a large amount of valuable matter, comprising reports, essays, and communications of unquestionable merit and deep interest, which confer much credit upon their respective authors, as well as upon the Association, upon whose movement they have been elicited. There may, it is true, be pointed out, amid the many contributions of sterling worth which form the contents of these *Transactions*, a few which, in respect to matter, are of very doubtful character, or particularly exceptionable in respect to manner—papers which ought not to have received the *imprimatur* of the Association, and which would not have gained a place in its *Transactions* had they been submitted, before they were referred for publication, to a proper committee in order that their true value should be carefully tested. It was the earnest desire of the late Dr. Daniel Drake that this should be the course pursued in regard to every paper read or presented at the sessions of the Association, and he actually withheld an important communication of his own because the Association refused to allow it to take this course. We feel persuaded that, unless the plan suggested by Dr. Drake be speedily adopted, the volume of *Transactions* annually issued by the Association, while it continually and rapidly increases in bulk, will as certainly and rapidly deteriorate in the value of its contents.

We believe that the error of the Association is not that it has published too little, but rather that it has published too much. A volume one-half the size of that before us, containing only a few well-digested and carefully prepared original reports and essays, would do more for the promotion of medical knowledge, and for the establishment of a national medical literature, than can be accomplished by the ponderous tomes yearly issued by the Association, made up in their present very loose manner.

The address delivered by Dr. Paul F. Eve, the retiring president, at the formal opening of the session of 1858, is one of a very high order. Its theme is the objects of the Association, the extent to which these have been attained, and the probability of their final accomplishment through its agency. These subjects are rapidly, but very ably discussed. The address shows clearly that thus far the Association has been no failure, and that, provided the delegates who shall hereafter compose it, shall equal in ability and zeal those who have preceded them, little doubt need be entertained of the permanently beneficial influence it is destined to exercise over the best interests of the medical profession throughout the United States.

However far, it must, in truth, be admitted to have fallen short of the accomplishment of the great work for which it was brought into being, it is nevertheless very certain that, in the moral influence it has exercised, the emulation and concert of action it has encouraged, and the friendly intercourse it has fostered among physicians, and the amount of talent it has succeeded in enlisting for the examination of important questions in nearly every department of medical science, it has done a good work, for the achievement of which no other association that could be organized would perhaps have been equally competent.

In carrying out the important measures it was designed to effect, embracing as they do the promotion of medical science, the perfection of medical education, and the enforcement of a correct code of medical ethics, no one supposes that the Association could have accomplished everything demanded for the good of the profession, or that all the great designs of its founders were attainable in the brief space of eleven years.

The first of the reports in the present volume are those on Medical Topography and Epidemics. Of these reports, but three were received at the session of 1858, viz., from the States of Kentucky, New Jersey, and Ohio.

That from Kentucky is drawn up by Dr. W. L. Sutton. It is one of great interest, especially that part which treats of the early settlement of the State, and the perils and privations of the white men who first made choice of it for their abode; though all this has but little direct connection with any of the questions relating to the medical topography of the State and the hygienic condition of its population. The next portion of the report, which describes the character, occupations, habits, and diet of the people, the climate, with a short notice of the mineral springs, is more *germain* to the leading objects to be had in view in the preparation of a report such as that which was expected of Dr. Sutton.

Two diseases only are noticed in this report, namely, the jerks, or, as it has been denominated, epidemic epilepsy, and the so-called milk-sickness.

The "jerks," or "bodily exercises," as they were popularly termed, consisted in various spasmodic seizures and contortions of the muscles of the trunk and limbs observed in persons, who had been brought into a high state of excitement in the large assemblages that were drawn together during a period of religious enthusiasm, kept up by the exhortations and fearful appeals of popular preachers, more noted for zeal than wisdom. This religious excitement continued, with more or less intensity, from 1799 to 1805, and gave rise to convulsive affections which may be said to have constituted a true epidemic, "remarkable alike for the extent of country overrun, the number of persons affected, and the strangeness of the phenomena exhibited;" resembling in nearly all its features, making allowance for modifications necessarily produced by differences in the habits, opinions, position in society, and education of the patients, certain of the strange convulsive epidemics which prevailed in Europe during the middle ages. We fully concur with Dr. S. "that the history of these things is equally interesting," and we would say instructive, also, "to the physician and psychologist."

The account of "milk-sickness" was furnished by Dr. James H. Barbour, of Falmouth, Ky.; some additional remarks being added by Dr. Sutton, derived from reading and oral communications.

The disease known by the popular appellation of milk-sickness has prevailed, at different periods, as an epidemic, over a considerable portion of the Western States. It commences nearly in the same manner as an ordinary remittent. Its leading symptoms are muscular soreness, headache, with slight rigors or distinct chills, succeeded by reaction, loss of appetite, pasty tongue, oppression at the stomach, soon followed by burning, nausea, and vomiting, with intense thirst, the fluid vomited being large in quantity and of a green colour; constipated bowels; pulse small and generally diminished in frequency; hurried respiration, with frequent sighing; great restlessness, early drowsiness, merging into deep coma, with dilated pupils; face of a red and bloated or stupid, dusky appearance; nose and ears, as well as general surface, cool; extremities often cold, at the same time, the patient complaining of an acrid or burning sense of heat.

By many it is believed that this disease is produced in the human subject by partaking of the flesh and milk of cattle affected with the staggers or trembles; but Dr. S. believes that such is not the case, and that what has been denominated milk-sickness is one of a strictly malarial origin. His reasons for such belief are, 1st. In every location where the disease prevails, multitudes escape who partake of meat and of milk. 2d. It has occasionally attacked such as have been very careful to abstain from these articles. 3d. It is especially rare in young children, although, in Kentucky, milk forms a large portion of their diet. 4th. It prevails during the same season of the year as bilious fevers. 5th. It occurs in the same regions in which malarious fevers prevail, and contemporaneously with these in the same family; and, further, in the same individual an attack may commence as sick stomach and end as bilious fever. 6th. It occasionally happens that persistent vomiting and obstinate constipation, the prominent symptoms of the so-called milk-sickness, are the most constant and distressing symptoms of autumnal fevers. 7th. It has, in a few instances, like malarial fever, recurred for two or three years at the season in which it began without any known reäpplication of the supposed remote cause. 8th. The most successful treatment is that which has been found best adapted to the cure of remittent fever.

To the report under consideration are appended a series of interesting tables showing, 1st. The population of each county in Kentucky; the number of acres it embraces; the proportion of its improved and unimproved territory; the amount of land to each inhabitant; the average number of deaths annually from cholera, dysentery, fevers, scarlatina, and zymotics, and the proportion of such deaths, in each disease, to the population of the respective counties in which they occur. 2d. The general average mortality annually of the limestone regions of the State, and that from each of the diseases above enumerated, and the proportion of such deaths to the entire mortality from known causes. 3d. The same series of facts in reference to the coal regions; and 4th. The colour, sex, and ages of those who died from cholera, croup, dysentery, continued fevers, fever generally, scarlatina, and hooping-cough, respectively.

The report on the Topography and Epidemic Diseases of New Jersey, is by Dr. Lyndon A. Smith. It presents a very general outline of the medical topography of the State, and of the most prevalent diseases within its limits from 1855 to 1857 inclusive. The most interesting portion of the report are the conclusions of its author in relation to the protective powers of vaccination, based on observations collected during an experience of thirty-seven years as a practitioner. With the first, second, and third, of Dr. Smith's conclusions, we entirely coincide. These aver the permanency throughout life, in every instance, of *perfect* vaccination—but that to effect this perfect vaccination in some subjects requires repeated insertions of matter in the arm, even though each may be attended with all the indications of a genuine vaccination—a resort, in short, to revaccination, again and again, until no longer any impression is made by the virus, and, finally, that even in those who have been exposed to the contagion of smallpox, a prompt resort to vaccination will often greatly mitigate the variolous attack and save the life of the patient. The correctness of the sixth and seventh of his conclusions is also borne out by our experience, they are—

> "That the virus should never be taken from any but a healthy infant of healthy parents, and then there is little or no danger of propagating any other disease, as many think may be and often is done.

"That eruptions often occur after the most careful vaccination, and are owing to some peculiar idiosyncrasy, although the friends of the parents attribute it to the virus."

The fourth conclusion which Dr. S. has derived from his experience, that, namely, "a *very small* pustule, which goes through the regular stages and produces a constitutional effect about the ninth day, is more generally perfect than one that produces great inflammation, pain, and swelling, and affects the glands," conveys, certainly, an important truth, but it is expressed in language that will be apt to mislead the inexperienced practitioner. We cannot admit that the slighter the impression produced by the virus at the place of insertion after the proper period of incubation, and the less the impression it produces upon the system, the more genuine and perfect the vaccination. Experience has taught us that those of the European practitioners are perfectly right, who insist that in vaccination, the virus must affect the organism with a certain amount of intensity, or it will fail in affording to it a sufficient, much less permanent protection from variolous infection; and that when, in order to produce the necessary vaccine impression, they insert the virus at different parts of the same arm, or in both arms, they are justified in the propriety of the practice. The truth of the theory upon which that practice is based would seem to be established, by the fact that the subjects of their vaccinations have been shown to be much less liable to smallpox in its genuine or modified form, than those protected by a single insertion of matter.

The report on the Epidemics of Ohio, by Dr. George Mendenhall, is confined pretty much to the diseases prevalent during the year 1855. In reference to these it presents but a few general remarks. With the exception of a very general prevalence of intermittent fever, and diseases of a kindred character, during July, August, September, and October of that year, we are assured that the three years immediately preceding 1858, were unusually healthy. The epidemic choleraic disposition which showed itself in the latter part of the year 1848, and continued, with varying degrees of intensity until 1854, had completely subsided. The ordinary diseases incident to the country no longer exhibited this peculiar influence, and with the exception of the intermittent and remittent diseases of 1855, were diminished in degree.

As just remarked, during several months of the year just referred to, periodical fever prevailed to a very great extent, throughout nearly every portion of the State. Few localities were exempt—high and low grounds were alike visited by the disease. "In places where it had usually prevailed very few escaped; while in districts where it had been an entire stranger, numerous cases occurred. In short, the influences producing this class of affections seemed to be uniformly present in every locality." These influences Dr. M. considers to have been, "the character of the season in reference to moisture, warmth, and a profusion of immature vegetable growth." He is not aware that the periodical fevers of 1855, presented any unusual characteristics or complications—the tendency to diseases of an intermittent character undoubtedly predominated, the influence of which was sensibly felt in the modification of other diseases.

The next report is that of the Committee on Medical Literature, prepared by Dr. A. B. Palmer, of Chicago, Illinois. An annual report embracing a candid, unbiased, and, withal, critical examination of the actual condition of the Medical Literature of the United States; one that would exhibit a fair exposition of its leading faults and excellencies, the improvements it has undergone, and a judicious exhibit of the amount of influence it has exerted in the advancement of medical knowledge in our midst, would no doubt be a valuable document, and if executed with ability, have no little tendency to elevate the character, improve the style, and increase the value and influence of the professional literature of our country. Let us not, year after year, content ourselves with drawing up disparaging pictures of the matter and manner of the contributions made by American physicians to the general fund of medical literature, and in uttering doleful complaints of the smallness of these contributions and their many imperfections. Let us rather examine what we have done, not by comparing this with the contributions, for which we are indebted to the labours of the learned and experienced professional writers of Europe, with ample opportunities at their command for making extended series of comparative observations in every department of medicine and its collateral sciences; but by comparing what American physicians have done in the department of medical literature with the peculiar circumstances in which they were placed, and the demands constantly made upon their time and energies in a practice, so far as relates to all of them located beyond our larger cities, amid a population sparsely distributed over a great extent of country, leaving little time, and less inclination, for that close application demanded for the careful collation of their observations, and the deduction from them of those general facts and principles adapted to the instruction of others. With such an examination, it will be found that the physicians of this country have, in times past, contributed as much, and that in as unexceptionable a form, as could reasonably have been expected of them, towards the literature of our profession, and that annually their contributions in this department, are becoming more copious and valuable. The pages of our medical periodicals bear ample testimony to this fact; nor are we deficient in independent works, systematic as well as monographic, to refer to in proof of the rapid progress and improvement medical literature is making in the United States.

Much has been said of the necessity of some measures being taken to promote in our midst, a national medical literature, though as to what those measures should be, there seems to be but little unanimity of opinion. All the schemes that have been formally suggested have appeared to be either merely temporary and doubtful expedients, or of a more or less impracticable character. We have no idea that an American medical literature is to be forced or coaxed into existence. With the improvement already commenced in medical education, throughout our country, and the certainty that this improvement will go on increasing from year to year, there will necessarily take place a corresponding increase of medical readers and medical authors, or at least of those competent to record and arrange their observations, and embody in correct language the principles they have evolved from the facts they have accurately studied and carefully compared.

Even now, no work in any of the branches of medicine, issued by an American writer, fails to receive an ample support from American physicians, provided it is one adapted to their wants. The great body of the profession with us, are still, in a great measure, mere "working physicians," —laborious practitioners, and such publications only will meet their wants as have a direct practical tendency. The mass of the profession is not yet prepared by education, or by habits of close, protracted, and laborious investigation to appreciate works appertaining to the higher branches of medical philosophy. It has not, as yet, been taught the applicability of purely philosophical deductions to the improvement of medical knowledge and skill.

It must be some time, therefore, before American medical literature will be able to boast of many meritorious works of this latter class.

The report of Dr. Palmer treats the subject of medical literature with a good degree of justness; his conclusions are, in general, correct, and his suggestions for the most part wise and practicable. In bringing his labours to a close, he presents the following as a very brief *résumé* of some of the leading positions assumed in the report.

> "The periodical literature of the United States is regarded as possessing great abundance, variety, richness, and general excellence, and, though still possessing defects, is constantly improving. Many of the contributions are of great weight and value, indicating an enterprising and industrious profession. Serious defects are regarded as existing in the review department, arising mainly from the fact that the income of the journals will not justify pecuniary disbursements for literary labour; and editors necessarily engaged in other pursuits cannot command the time, if all possessed the ability to do the work thoroughly and well. A few well-supported journals in place of the many but illy sustained might tend to correct this evil; but the multiplicity of local journals is considered as peculiarly beneficial, by collecting from a greater variety of sources a larger number of facts and developing the powers of a larger number of writers. The interests of this part of our literature demand a more prompt and liberal pecuniary support.
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> "The number of original American medical works is increasing and their character is improving, and, in some respects, particularly in practical utility, they will not suffer in comparison with those of Europe; yet serious imperfections exist and decided improvements are demanded. Great and permanent improvements in medical, as in general literature, must be gradual, depending more upon the advancement of education, of taste, and intelligence, than upon any specific measures which may be adopted. Still, various particular measures, such as the frequent writing of medical theses during pupilage, and keeping systematic records of cases when in practice, would do very much in hastening on improvement. But, for the greatest perfection of our literature, we must wait the fuller development of our country, and for those changes of time and circumstances which shall produce a larger number of devoted savans and scholars, placing them in situations where a variety of absorbing pursuits shall not prevent the concentration of great talents upon a comparatively limited range of subjects.
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> "Respecting the reprint of foreign works, it is held that, while the free circulation of the best class of those works among us increases the knowledge and improves the taste of the masses of the profession, it does not interfere with the production of the higher order of original works, and that the moral obligation of our government to join with Great Britain in the enactment of an international copyright law, is by no means clearly established."

The report of the Committee on Medical Literature is followed by the report of a special committee, charged with the duty of devising a system of medical education for the consideration of the Association.

Among the prominent, and, certainly, most important objects of the American Medical Association, is to be ranked the elevation of the standard of medical education in this country, and the establishment of a proper and uniform criterion, by which to determine the qualifications of such as offer themselves for admission into the ranks of the profession. Unfortunately, however, in the attainment of these objects the Association has accomplished less than in respect to any of the others had in view in its organization. It may, perhaps, be affirmed, and certainly not without some foundation in truth, that the Association has not, however, failed altogether to exert an influence, even in respect to medical education, as is shown by the general evidence of a better preparation and higher attainments in those who now enter the profession, than was formerly the case; still it must be admitted, that the Association has not succeeded in establishing, in any portion of the country, a course of medical instruction, which makes even an approach towards what it has itself set up as the correct standard. The subject is certainly one surrounded with many and serious difficulties, to overcome which, will demand much wisdom and patient waiting. A mistake, we think, has been made by the Association, in acknowledging, from the very outset, that a diploma conferred by any legally constituted medical college, no matter how deficient its curriculum of instruction, or loose its examination of candidates for the doctorate, is of itself a warrant for the admission of its holder into our ranks, and in applying, consequently, to the schools for that reform in the education of physicians which the Association, as the accredited representative of the entire profession, should have itself taken in hand. We agree with Dr. Eve, in the firm belief that the Association has reached a period in its history, when it is entirely qualified to determine what medical organizations, be they State, county, or city societies, hospitals, boards, or schools, are entitled to be represented in its sessions, and to prescribe the qualification of such as shall be received as delegates.

> "If created to improve and advance medical education, and this is in accordance with its own expressed declarations, then it is quite certain the schools must be controlled. It has but to speak on this point and it will be obeyed; for it is now too late for any physician to oppose, or any medical college to set at defiance, the moral power of the Association."

Let it place at the proper height the qualifications demanded of its own delegates, and require the evidence necessary to prove the possession of these qualifications on the part of those who are admitted to participate in the business of its sessions, and it will soon render its diploma of membership so certain a criterion of medical character and proficiency, that there will be excited a generous emulation among physicians, in the effort to render themselves qualified for its attainment, and such a demand will be created for augmented facilities for medical instruction, as must necessarily force the schools to bring up their courses fully to the standard prescribed by the Association.

The special committee whose report is before us, after a brief review of the several propositions submitted to their consideration, arrive at the following conclusions:—

> "*First.* Primary medical schools should be encouraged, but, as office instruction will continue to be sought by students, practitioners should either give them the necessary advantages of demonstrations, illustrations, and recitations, or, if not prepared to do so, they should refer them to such primary schools or medical men as will give them proper instruction.
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> "*Second.* The number of professorships should not be less than seven, viz., a professor of anatomy and microscopy, physiology and pathology, chemistry, surgery, practical medicine, obstetrics, and materia medica.
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> "*Third.* There should be but one term annually, which should commence about the first of October and close with the March following, thus lengthening the term to six months. The commencement of the term in October should be uniform in all the colleges throughout the country. During the session, there should never be more than four lectures given daily.
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> "*Fourth.* The qualifications for graduation, in addition to those now required by the schools, should be a liberal primary education and attendance upon a course of clinical instruction in a regularly organized hospital."

The committee recommend that, in order to give our medical colleges an opportunity to consider the above recommendations, and that the Association may have the advantage of their wisdom and their mature views, a convention of delegates from the several medical colleges be held previously to the next session of the Association, to devise a uniform system of medical education.

The report which follows is on Spontaneous Umbilical Hemorrhage of the New-born, by Dr. J. Foster Jenkins, of New York State.

The particular form of hemorrhage treated of in this report is, it is true, of comparatively unfrequent occurrence—it is, nevertheless, met with sufficiently often to demand the attention of every practitioner. When the true character of spontaneous umbilical hemorrhage is overlooked, and inefficient measures are relied on for the arrest of the bleeding, its termination is almost invariably fatal.

Dr. Jenkins has, with commendable industry, collected whatever facts were to be found upon record, and to these has added some additional ones, the result of his own immediate observation, or communicated to him by his medical friends. All of which he has carefully analyzed, and presented in a tabular form.

Dr. J. describes two leading forms or varieties of umbilical hemorrhage in the young infant, as follows:—

> "*First*, and most common, that depending on a depraved condition of the blood; the spanæmia resulting sometimes from jaundice, through malformation or deranged function of the liver, sometimes from an inherited scrofulous or syphilitic taint, and probably not unfrequently from privation and despondency in the mother during gestation, or, during the same period, an excessive use of alkalies or diluent fluids.
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> "*Second*. Independently of any dyscrasia of the blood, umbilical hemorrhage seems to arise by reason of an unusual patency of the umbilical vessels in otherwise apparently healthy children."

This abnormal patency of vessels Dr. J. believes may exist in the first form of umbilical hemorrhage, as well as be itself the apparently exclusive cause of the bleeding.

In addition to the ordinary causes of umbilical hemorrhage enumerated above, Dr. J. refers also to a diseased condition of the umbilical vessels, the result of inflammation.

The facts embraced in the report in question are derived from one hundred and seventy-eight cases. In only *nine* of these could the hereditary transmission of the hemorrhagic tendency be inferred, but there is not a single instance on record of its occurrence in the offspring of families in the individuals of which there existed a liability to hemorrhage generally from the slightest injuries. In by far the larger number of the cases in which the sex of the patient is given, hemorrhage from the umbilicus occurred in males. Climate or race would appear to exert very little if any influence in the production of the hemorrhage. In the majority of cases it is impossible to trace it to parental disease, and there is no reason for supposing that a tedious or difficult labour has any agency in causing it. External violence may give rise to hemorrhage from the navel by displacing the provisional clot, before the occlusion of the umbilical arteries.

The hemorrhage may be preceded by the indications of a deranged condition of the liver, more especially by jaundice, less frequently by purpura. The bleeding may take place before or after the separation of the cord.

> "The average duration of the disease, after the appearance of the hemorrhage, in eighty-two fatal cases, was three and a half days. Death has occurred as early as three hours from the beginning of the hemorrhage, while life has been pro-

longed thirty-eight days thereafter. When speedily fatal, death seems most often to result from exhaustion from loss of blood; or the fatal issue may be deferred, to be at a later period attended by purpura, œdema, diarrhœa, *muguet*, or other signs of exhaustion. It is not strange that coma or convulsion complicated six cases."

From a *resumé* given by Dr. J. of the pathological appearances in those fatal cases of umbilical hemorrhage which have come under notice, he infers, 1st, the great frequency of hepatic malformation or derangement connected with the disease; and 2dly, a similar frequency of perviousness in some of the umbilical vessels, or other fœtal openings. The relation to each other of these two conditions we have not a sufficient number of pathological facts to decide. In seven of the cases in which there was absence or obstruction of the ducts, all the umbilical vessels were open in three, the vein only in one, in three the condition of the vessels is not noticed. In one case the biliary ducts were free, with patency of the fœtal openings. How far a deficient secretion of bile may be a cause has not been determined. No microscopic examination of the liver as to the extent of diminution of its secreting cells is known to have been made.

In the treatment of umbilical hemorrhage Dr. J. prefers the application of "the ligature *en masse*" as recommended by Paul Dubois. It is applied by transfixing the integuments at the base of the umbilicus, with two large hair-lip needles; the one being passed horizontally, and the second perpendicularly to and beneath this; waxed thread being then passed several times around each of the needles, in the figure of 8. The needles may be removed at the end of the fourth or fifth day, but the eschar produced by the ligature should be allowed to separate spontaneously, no attempt being made to hasten its removal.

In cases unattended by any evident malformation of liver, an attempt should be made to promote its functions. In cases where there had been *any* secretion of bile since birth, Dr. J. would not hesitate to employ mercurials despite their antiplastic influence on the blood. The mineral acids, the *tr. ferri chloridi* and the sulphate of quinine, anodynes to allay muscular spasm, and a nourishing diet, with stimulants to sustain the strength, would seem in many cases to be also indicated.

In regard to prophylaxis, a prohibition of alkalies and the use of the mineral acids during pregnancy is suggested.

We come next to a report on the Influence of Marriages of Consanguinity upon Offspring, by Dr. S. M. Bemiss, of Louisville, Ky.

It had long been asserted that the offspring of parents closely connected by consanguinity were far more liable to present physical and mental imperfections—various congenital abnormities—a strong proclivity to scrofulous and tubercular diseases, to idiocy and insanity, and to various affections eventuating in a deprivation of the sense of sight and hearing, and of speech, than the offspring of parents not connected by ties of blood—both classes being supposed to be similarly circumstanced in respect to all other causes affecting the integrity of their issue. In support of the position here assumed, many facts have been adduced of a very striking character; it is but recently, however, that the question has been made one of special inquiry, with the view to its solution by well authenticated and properly arranged statistics.

In whatever point of view the subject may be examined, whether in its bearings upon certain points in physiology, etiology, or pathology generally, or in reference to the regulation of marriage through an enlightenment of public opinion or by legislative enactments, it is one of deep interest and importance. We feel grateful to Dr. Bemiss for the zeal and industry he has exhibited in the collection and arrangement of so large a body of facts, in illustration of the influence of the marriage of relations by blood upon offspring, as those he has embodied in the report now under consideration. The tables given by him exhibit the results of near nine hundred such marriages; a sufficient number, he believes, to warrant the belief that any additions thereto, if procured in the same manner, would not materially affect the ultimate result.

In the attempt of Dr. B. to collect a sufficient series of observations in respect to the physical and mental condition of the offspring of marriages between parties neither themselves related, nor the descendants of blood relations, as a standard by which to compare and determine the proper value of the results furnished by the first table, he has not been so successful as could be desired—and he has been unable to learn the existence of any researches, which establish the average fecundity and vital statistics of marriage in the United States.

Of the 833 marriages of consanguinity tabulated by Dr. B., there were born 3942 children—1509 males and 144 females. Of the 3942 children, 1134 were defective, 145 deaf and dumb, 85 blind, 308 idiotic, 38 insane, 60 epileptic, 300 scrofulous, 98 deformed, 883 of them died young, and 53 were sterile. Thus showing only 838 or 21 per cent. who were without defect or disease.

One hundred and twenty-five marriages among those not related or known to be the immediate descendants of relations, gave 837 children—444 males and 380 females. Of the 837 children, 18 were defective, 3 deaf and dumb, 1 blind, 6 idiotic, 1 insane, 3 epileptic, 1 scrofulous; 134 died young; leaving 58, or 46.4 per cent. without defect or disease.

The report next in order is on the Function of the Cerebellum, by Dr. E. Andrews, of Chicago, Ill. The view advocated by the reporter is that the lateral, which are strictly speaking the posterior, lobes of the cerebellum exert their influence over the posterior group of muscles, while the median lobe presides over the anterior group. This view, which at best must be considered as rather inferred than proved, is based upon the following two propositions, the truth of which Dr. A. endeavours to establish by an anatomical examination of the brain in different warm-blooded animals.

> "1. In the warm-blooded animals, the median lobe, or vermiform process of the cerebellum, varies in size directly as the bulk and power of the anterior group of muscles.
>
> "2. The lateral lobes vary in like manner as the power of the posterior group of muscles, subject, however, to certain variations, hereafter to be mentioned."

In reference to these exceptions, Dr. A. remarks that, upon comparison it will be found that the lateral lobes, while they have a certain correspondence with the posterior group of muscles, have one equally striking with the size of the cerebral hemispheres, and the rank of the animal in the scale of intelligence.

> "There are, therefore, two conditions governing the lateral lobes as to size, which may be illustrated by three propositions:—
>
> "1. If the animal have large complex hemispheres of the brain, and, at the same time, very powerful posterior muscles, then both these conditions unite in demanding large lateral lobes of the cerebellum, and these organs, in fact, attain, under such circumstances, their maximum development.
>
> "2. If the hemispheres of the brain be of a low grade, but the posterior

extremities still powerful, then the deficiency in one condition is balanced by the excess in the other, and the animal will have lateral lobes bearing a moderate ratio of size with the median.

"If the animal have cerebral hemispheres of decidedly inferior development, and, at the same time, posterior limbs which are feebler than the anterior, then both conditions will coincide to reduce the lateral lobes to a bulk less than the median."

The tendency of all the facts adduced by Dr. A. leads, he believes, to the conclusion that the three lobes of the cerebellum have some function connected with voluntary motion; the influence of the median lobe being expended on the muscles of the anterior, and that of the lateral lobes on those of the posterior half of the body—the latter being likewise in some way connected with the mental functions, their development bearing, in some measure, a direct ratio with the intelligence of the animal.

"The *nature* of the influence exerted by the cerebellum upon the muscles is not," Dr. A. remarks, "very clear. Although it may be true that, through it, the mind co-ordinates the muscular action, yet *that* is not true which is stated by Carpenter and others upon the subject, viz., that the size of the cerebellum is in a direct ratio with the number and variety of co-ordinated movements which the animal is capable of exercising.

"Within the limits already explained the size of the cerebellum is *directly as the quantity and power of muscular fibre to be moved*, with no regard whatever to the simplicity or complexity of their combinations. Thus, the co-ordinated actions of a squirrel are far more numerous and varied than those of a dolphin. A mouse co-ordinates more than a bat; a rat more than a bird; a cat more than a seal; a sloth more than a sheep; yet in these and in a hundred other instances the animal which co-ordinates least has the largest and most complex cerebellum, the ratio being as the bulk of muscle to be used, and in the case of the lateral lobes, partly as the grade of the intelligence of the creature. It seems to me, therefore, that, while it may be true that the mind, through the cerebellum, co-ordinates motions, it does not do so because it possesses a specific function of co-ordination, but simply because its action is directly excito-motor, and the mind through it can select any muscle or set of muscles it may choose for action."

Dr. A. does not present his conclusions as absolute truths—they require, he admits, confirmation by a new and fuller examination of the facts derivable from experiment and from pathology—they at present merely show the *direction* in which the facts of comparative anatomy point.

The very interesting report by Dr. C. B. Coventry, of Utica, N. Y., on the Medical Jurisprudence of Insanity, embraces a general sketch of the pathology, the classification and the tests of insanity—the plea of insanity in criminal cases—the kind and degree of insanity that should deprive an individual of his liberty, or of the control of his property—invalidate a contract or a will, or avoid responsibility for crime—feigned insanity and the testimony of skilled witnesses in courts of justice.

Each of these questions are every day acquiring increased importance in reference to the faithful administration of justice and the protection of persons and property with a due regard to the safety and humane treatment of such individuals as are unquestionably irresponsible agents by reason of their mental alienation. These several questions, though treated in a concise manner, the remarks of the reporter in regard to them are replete with instruction.

Dr. C. lays down the following propositions as established in this country, by various judicial decisions, in respect to the plea of insanity as a defence in criminal prosecutions:—

"1. Was the prisoner, at the time of committing the act, capable of distinguishing between right and wrong, in regard to the particular act?—*i. e.*, was he capable of appreciating the criminality of the act, and the consequences which would result, and the penalty for its commission? If so, he is considered responsible. Or,

"2. Was the prisoner, at the time of committing the act, labouring under an insane delusion? The mere fact that the prisoner was labouring under a delusion is not considered a justification, unless there is a direct connection between the delusion and the criminal act. Or,

"3. Was the prisoner impelled to the commission of the act by an insane impulse which he could not control? By an insane impulse is not meant a mere burst of rage, or passion, or excitement, which he may not control, but an impulse resulting from cerebro-mental disease; consequently it is necessary to show some other evidence of disease than the act itself—as a change in his character; its incompatibility with his former character and conduct; the absence of all motive, or of motives, which could influence a sane man; the existence of insanity in his family, or a hereditary predisposition; a previous injury, or ill health, showing evidence of disease. In the absence of such collateral evidence, the prisoner would usually be held responsible.

"The question to the jury should be simply, Is he proved to be insane? not whether he can distinguish between right and wrong, or any other particular test. The divisions into intellectual and moral insanity, into general and partial, though appropriate in a scientific work on insanity, are not recognized by the courts of justice."

The rules and regulations which Dr. C. has laid down for the conduct of a professional witness, in cases in which the plea of insanity is raised, are well worth the consideration of every physician.

The volume contains another able report, closely connected with the foregoing; we allude to that on Moral Insanity, in its Relations to Medical Jurisprudence, by Dr. D. Meredith Reese, of New York.

That the moral feelings, the affections, and the sentiments, "the love of family and friends, the love of justice, and the feelings of veneration and of conscientiousness," may become deranged, perverted, or destroyed, there can be no doubt. But with this admission the all-important question arises, is this derangement the result of causes different from those which give rise to intellectual insanity? Can moral insanity exist independently of the latter? or is it not rather one of the indications—often the first—of the presence of that disease of the brain productive of general mania—that is, of perversion or disturbance of all the mental functions, in reference alike to the moral feelings, the affections and sentiments, and to the purely intellectual powers? Can the mere fact of an asserted perversion of the feelings, inclinations, and propensities—of the existence of simply moral insanity—while the individual possesses sufficient intelligence to judge of the character and consequences of his actions, is labouring under no delusion, and is, consequently possessed of the ability to control his acts, be a sufficient cause for declaring him irresponsible for his deeds? Would the ends of justice be likely to be satisfied, and a proper protection thrown around the life and property of the citizen, were such a foundation for irresponsibility in those accused of crime to be entertained by our courts?

Dr. Reese very clearly shows that simple moral insanity has no existence. We commend the conclusions of the author to attention.

Turning back, we find a report by Dr. Edward Jarvis, of Massachsetts, on the Law of Registration of Births, Marriages, and Deaths, which is replete with judicious and instructive remarks on the subject of registration. To render this measure productive of all the advantages it is calculated to yield, it must be evident that some degree of uniformity is demanded in the manner of registration everywhere pursued; that the same facts, similarly authenticated, and arranged in the same manner, the same nomenclature of diseases, and the same systematic indication of the actual cause of death in the mortuary department of the registration, should be presented, to enable us to compare the value of life in different localities, and to determine, as far as possible, the causes which lower or increase its value, as the case may be, in each. Let the great events of life, with their attendant circumstances, be fully and accurately recorded and reported, so that their lessons may be correctly taught to the world, and we agree with Dr. Jarvis that "it matters not by what means they are ascertained."

The next report is on the Nervous System in Febrile Diseases, and the Classification of Fevers by the Nervous System, by Dr. Henry F. Campbell, of Georgia.

The author of this report has shown himself to be an industrious, able, and successful investigator of the nervous system in certain of its physiological and pathological relations. He is already well known to our readers by his publications in respect to the secretory and excito-secretory system of nerves, and by his suggestions, in a former volume of the *Transactions of the American Medical Association* (vol. x.), presented in the form of general propositions, in regard to the agency of the nervous system in the production of febrile diseases.

Fully admitting the fact that in the production of disease there are certain morbific influences which affect the solid tissues through the medium of the blood, producing in the latter some primary modification either in its constitution or elements, Dr. C. nevertheless insists upon the positive agency of the nervous system in the production of diseased action, in causing the presence or absence of certain phenomena, and in impressing their peculiar characteristics upon the different forms of febrile maladies; thus combining in one system "the inevitable truths of humouralism with the equally inevitable and undeniable truths of neuropathism."

Assuming, then, that all morbid actions are more or less influenced in their manifestations by aberrated nervous action, he insists that as the normal actions of the *cerebro-spinal system of nerves* are subject to cessation and interruption, so those fevers, in the production of which this system is chiefly concerned, are necessarily of a *paroxysmal* character; while inasmuch as the normal actions of the *ganglionic system of nerves* are of a continued or uninterrupted character, so diseases, the morbid phenomena of which are chiefly caused by abnormal action of these nerves, have a character of *continuousness*. The *paroxysmal fevers* appertain, therefore, to *lesions of the cerebro-spinal system of nerves*, and the *continued fevers* to the *ganglionic*. Again, Dr. C. teaches that as the normal action of the *cerebro-spinal* nerves pertains almost exclusively to sensation and motion, with only a secondary and comparatively remote influence—the excito-secretory—upon nutrition and secretion, while the entire office of the *ganglionic* system, in health, is to preside over these functions, therefore in *paroxysmal* fevers we have intense pain, modified sensation, and symptoms allying them to neuralgic and convulsive diseases, but in *continued fevers* the most prominent characteristics are modified nutrition and altered secretions.

In the report before us these several propositions are separately examined, and the process by which they have been arrived at concisely developed. In his exposition of the leading data upon which he has attempted to base a true neuropathic system of pathology, and by which he has constructed a rational physiological classification of febrile diseases, Dr. C. has certainly exhibited no little ingenuity, and has succeeded admirably in giving to both an air, at least, of truthfulness. To say the least of them, his labours are well timed, and are invested with an additional importance from the fact that in our modern doctrines explanatory of diseased action and morbid phenomena, and in all our nosological systems, there has been evidently a constantly increasing tendency to the adoption of views borrowed almost exclusively from the teachings of the physiological and pathological chemists, ignoring in a great measure the agency of nerve-action as a pathological agent, debasing the living organism, with all its vital endowments, to a mere machine, of which all the phenomena, normal and abnormal, if not solely, are at least mainly, due to a simple action and reaction between the constituent elements of the blood, to unhealthy secretions, and to a consequent defect in the construction and condition of the solid tissues.

Whether or not the views of Dr. C. shall stand the test of a more close investigation; whether or not they shall be sustained by the facts hereafter to be developed and by the results of more extended clinical observations or direct experiments, they will have, at least, the effect of directing renewed attention to a subject the investigation of which cannot fail to be productive of profitable results.

We have next a report on Stomatitis Materna, by Dr. D. L. McGugin, of Keokuk, Iowa. The disease thus named has of late years prevailed, in certain portions of the United States, to a considerable extent. By many writers it is considered to be a disease of modern origin and of a specific character, occurring only in females during the period of pregnancy or lactation, especially the latter, being restricted to particular localities, and described solely by medical writers of a recent date.

Dr. McGugin has, however, shown that in medical writings dating as far back as the times of Hippocrates, a notice, and even accurate description, of an affection similar in all respects to stomatitis materna, as it now prevails, is to be met with. He insists, however, that the disease is one *sui generis*, peculiar to females during gestation and lactation, and occurring more frequently in some localities than in others, while in a few it has not as yet been observed; that its production cannot be ascribed to any peculiarity of climate, locality, season, meteorological conditions, or geological formations. He most positively denies its identity, in either its etiology or pathology, with ordinary chronic stomatitis, with which it has been classed by some writers, or with land scurvy, of which it has been supposed to be a form by others.

The only constant predisposing cause observed by Dr. McG. was a strumous, tubercular, or scrofulous diathesis. He, at the same time, however, would seem to admit that intense cold, excessive atmospheric moisture, insufficient or innutritive diet, want of due exercise, and malarious influences may, possibly, act also as predisposing causes, by contributing to a diminution of the vital forces, by rendering digestion imperfect, nutrition defective, and the blood deficient in its proper constituents.

With Dr. McG. stomatitis materna consists essentially in a perversion of digestion and assimilation. Gestation and lactation produce it by their interference with the regular and complete performance of those functions.

We cannot say that, after a careful perusal of the report before us, we have become converts to the views set forth by Dr. McG., in regard either to the specific character, properly speaking, of the disease of which he treats, or to its being one that is met with only in the pregnant and suckling female. We cannot perceive that he has adduced a particle of evidence in proof of either position. That the disease is one having its origin in a defect of constitutional vigour and an impoverished state of the blood, caused by depressing meteorological causes, bad or insufficient food, want of exercise, grief, anxiety, despondency, &c., combined, in the majority of cases, with the new demands upon the weak, delicate, and chlorotic female, during the process of gestation or of lactation, we think there can be little doubt; but we do not believe it to be confined to the female; the whole history of the disease, its causes, phenomena, course, and terminations, would seem to point strongly to the fact of its identity with ordinary *follicular stomatitis*, which we know to be a common consequence of deficient hæmatosis and depraved nutrition in both sexes.

The treatment which Dr. McG. has found most successful in cases of stomatitis materna is by tonics, especially such of the metallic tonics which possess alterative properties. Nitrate of silver and iodide of iron he recommends, if they are tolerated by the stomach. The "hydriodate and chlorate of potassa," either alone or combined with vegetable tonic extracts or infusions, will also, he informs us, be found highly beneficial. What he most relies upon is the chlorate of potassa, internally, in the form of a solution, one drachm to a pint of distilled water, in the dose of a tablespoonful three times a day. Pastes, saturated with the solution he directs, to be allowed to soften in the mouth and mingle with the saliva. He recommends, also, the subnitrate of bismuth, made into pills with the extract of hop. Malt liquors with a large amount of malt, and given in an active state of effervescence, he has found particularly beneficial. To insure the cure of the disease, regular exercise in the open air, with tepid bathing, are essential.

> "If, however, all measures fail to bring relief, and the patient is, day after day, wasting away under the exhausting influence of the disease, then, in order to save the life of the mother, the dernier alternative of weaning the child must be determined upon and fulfilled. This, however, will not always arrest the progress of the disease, when it has become chronic in its character, and has continued through several pregnancies."

Dr. J. B. Flint, of Louisville, Ky., furnishes an interesting and most truthful report on the True Position and Value of Operative Surgery as a Therapeutic Agent.

Surgery, even in the limited sphere to which it must be restricted, if we insist upon a close adherence to the true etymological meaning of the term, as simply the art of employing manual or mechanical appliances for the prevention or relief of deformity, the excision of diseased structures, and the removal of morbid accumulations or foreign bodies, accidentally introduced, from one or other of the cavities, passages, organs, or tissues of the body, the presence of which either interferes with the healthful performance of the functions of the organ, or threatens the extinction of life, is certainly an art from which the human race has derived a large amount of positive good; and though it can scarcely be denominated, with strict propriety, a therapeutic agent, it is nevertheless one that is capable of the most important preventive and remedial application.

Mere operative surgery, however, the certain result of which is, in the majority of cases, more or less of deformity or decrepitude, must be regarded as among "the last resorts" of practice; as a means to be brought into service only after all other available means of saving limb or life have been exhausted. To conservative surgery is to be assigned, most certainly, a far higher rank than to mere operative surgery. It is unquestionable that the acknowledged masters of the art have become so, and secured their imperishable renown, not by their daring and successful use of the knife, but by their careful observation and study of the nature and phenomena of disease, and of the tolerating and recuperative powers of the living organism, and by their discriminating and cautious rather than heroic methods of treatment.

In the report before us, after a most scathing exposure of the rank charlatanism to which a love for operative surgery so commonly leads—of the unworthy and even dishonest tricks that are too often practised in order to attain that *éclat* which is almost always attendant upon him who prefers "the shedding of blood" to the nobler and more scientific plan of saving life and limb without a resort to the knife, and to secure that higher estimate which the public voice awards to the surgeon who is noted for the frequency and boldness of his operations, without much regard to their necessity on the one hand, or their successful termination on the other, than to him who, without parade, prefers to cure his patients by therapeutical means of which the knife forms no part—Dr. Flint examines, with great calmness and sound sense, the true value of operative surgery as a curative measure. In deprecating a frequent resort, or in any instance, without the most urgent and evident necessity, to any of what are termed the "major operations," Dr. Flint would not be thought to entertain any disposition to undervalue operative surgery, either as to the frequency or importance of its interpositions in the treatment of disease. While he would include very few of the so-called major operations among "the legitimate resources of the healing art," he would have us bear in mind "that no such doubt or reservation applies to that great class of professional services unfortunately denominated '*minor surgery.*'"

The more prominent points in the report before us are thus recapitulated in the form of concise propositions, all of which are deserving of a serious consideration on the part of every member of the medical profession, but more especially of those who have but recently entered upon the practice of the healing art, and who are among those most liable to be misled by what Dr. F. denominates "dramatic surgery:"—

"1. The true position and real dignity of all therapeutic agencies is the same, determined by intrinsic and not accidental considerations; and operative surgery has no rightful pre-eminence, in this respect, over other sections of practical medicine.

"2. There are *pseudo-surgical* as well as *vero-surgical* operations, the latter being such only as are undertaken with a therapeutic purpose and *probability;* and if any of these confer more distinction upon him who performs them than others, they are such as are most eminently beneficial to the subject of them.

"3. Of this character are not, in general, those which constitute the staple of what we have termed 'dramatic surgery,' denominated also 'heroic' or 'exploitive' surgery, and these performances, therefore, should be scrutinized very carefully before they are reckoned among the legitimate agencies of our art, or allowed to become the criteria of professional ability or merit.

"4. The fascinations of 'dramatic surgery' are dangerous to professional morality and mischievous to society, and we should endeavour to replace them, in ourselves and the public, by just and rational views of the operative proceedings of our art.

"5. Under the designation of 'conservative surgery,' there is at present an endeavour at reforms in operative surgery, which recommends itself most urgently to the co-operation of all wise and conscientious practitioners."

Passing by a short letter addressed by Dr. E. D. Fenner, of New Orleans, to the President of the Association, and which we do not think was intended for publication as a part of the transactions of the session, we come to the prize essay on the Clinical Study of the Heart-Sounds in Health and Disease, by Dr. Austin Flint, of Buffalo, N.Y. Like every other production of its talented author, it bears throughout testimony to his habits of close observation and cautious induction. It constitutes a valuable contribution towards increasing our acquaintance with the character of the cardiac sounds in health, and the lesions by which a deviation from these sounds is caused. We regret that a due regard to that economy of space which it is necessary for us to observe, in view of the many works which crowd our table, waiting to be noticed, prevents us from giving even the interesting summary of conclusions, but we hope to lay them before our readers. D. F. C.

Two papers in this volume, both on the same speciality, remain to be noticed. The first of these is a

"Report on the Treatment best adapted to each Variety of Cataract. With drawings illustrating a case. By Mark Stephenson, M. D., Surgeon to the New York Ophthalmic Hospital."

The second is the "Prize Essay," entitled "Vision, and some of its Anomalies, as revealed by the Ophthalmoscope. By Montrose A. Pallen, M. D., of St. Louis, Missouri."

Questions in ophthalmology are so rare among the various inquiries which have hitherto claimed the consideration of the American Medical Association, that the appearance of the two papers above presented will invest the new volume with unusual attractions, for a very respectable number of its readers. The interest, moreover, which belongs to the nature of their topics is necessarily increased by the influence, inseparably connected with the official positions of these papers, one being a special report and the other a prize essay. The topics themselves are certainly not inferior in importance to very many of those which are allowed to swell the too often overgrown dimensions of the annual offspring of the labours of the Association. It is strange, indeed, that what has occupied the elaborate attention of an European Congress, recently assembled for the sole purpose of discussing questions in ophthalmology, and composed of the ablest professional experts in the world, has so long escaped the attention of the great representative body of the profession in this country.

This oversight cannot have resulted from want either of materials or of workmen, or of general interest among actual practitioners.

Under these circumstances we are disposed to hold the Association to a double responsibility on this occasion; and we purpose, briefly, to inquire whether, after neglecting for ten years to call forth anything of moment on diseases of the eye, the Association has succeeded in presenting, in the first place, a report on cataract and its treatment worthy of the standing which, in spite of its "conspicuous" disclaimer, it has conferred upon that report by its acceptance and publication; and whether, in the second place, its protracted silence on such topics has been adequately broken in the originality, novelty, and superior practical value of the essay on vision and its anomalies, as revealed by the ophthalmoscope, upon which it has set the seal of its highest approbation in the award of an annual prize.

We fear that the expectations naturally aroused in both cases, are destined to a general disappointment.

The author of the report on the Treatment best adapted to each Variety of Cataract, was authorized to prepare his "Essay on the Subject of Cataract," as he terms it, in May, 1856. He appears to have entered upon his task under a due impression of its "interesting and momentous" character, and to have been duly surprised that it had not already been accomplished. Notwithstanding the two years allowed him, and his full appreciation of the importance and difficulty of his undertaking, we regret to find that, while he has not methodically treated the points which were specially allotted to him, he has succeeded no better in producing anything which deserves to be regarded as an original or practical report. He tells us nothing which is not presented with equal, if not greater clearness, force, and fulness in the standard text-books on surgery, and which is not decidedly meagre and common-place in comparison with the contents of the chapters on the same subject in each of the standard works upon diseases of the eye. In short, we have looked in vain throughout the report for something in the shape of cases, statistics, observations, or suggestions, derived from research or clinical investigation, that is sufficiently novel, or interesting in any respect, to justify the space occupied in the volume, or the prominence conferred by the impress of the Association.

The only two clinical cases referred to in illustration, are inconclusive and unsatisfactory to a remarkable degree. The first of these was that of a "child between three and four years of age," upon whom he divided the lens with a curved needle by the "anterior operation" for *traumatic* cataract. "There being no haste in this case, *one eye being good*, I determined to test what the efforts of nature with time would accomplish, without a repetition of the operation." At the expiration of one year, some little absorption had actually taken place! A drawing "of the lens, as it then appeared," was taken at this time, and a second drawing was made "at the expiration of six months more," showing that the "work of diminution was steadily yet slowly progressing"! In order to illustrate this precious instance of the result of a single operation for the absorption of a cataractous lens, the paper has been illuminated with five coloured figures, which serve only to show the *failure* of the operation in the small amount of the absorption depicted, and to suggest a doubt, even as to this amount, from the want of correspondence between the form of the unremoved cataract, in the two representations of the same eye, one of the natural size and the other a magnified view of the same eye. Compare Figs. 4 and 5, and it will be observed that the shape of the unabsorbed cataract is entirely different in the two, though the latter purports to be a magnified view of the former; this is also the case, though less conspicuously, in Figs. 2 and 3.

The termination of the history is equally characteristic and instructive.

> "Soon after the second drawing was taken," says he, "to my great regret, the parents of the child removed to California, and (although they promised to write to me) *I have never heard from them since*, but I have no doubt as to the final result." "This case," he continues, "is interesting, and proves to my mind a practical fact which I have long entertained, that the frequent repetition of the operation is unjustifiable."

The second case is related as one in which he had an opportunity, a few years since, of testing the question of double vision, as a consequence of the removal of one lens only in case of single cataract. The subject of this case, a "beautiful young woman, was brought to the institution by the matron of the Magdalene Asylum, who had a cataract in one eye, while the other was perfect. She could not endure the thought of having such a blemish in one eye," and therefore "she wished the cataract removed." Here, again, he performed the anterior operation for solution; but, naturally enough, with much more gratifying success.

> "In eight weeks the cataract was entirely removed; and, what was still more pleasing, she could see with that eye as perfectly as the other, there being no confusion of vision whatever. The matron of the institution—a Christian lady in the fullest sense of that term, and in whose veracity I have the strongest confidence—informed me that this young woman could, without the aid of glasses, sew the finest linen cambric muslin with that eye. From what I saw of her, when she returned to the hospital the last time, I am satisfied the statements of the matron were, in every particular, strictly correct."

His readers will, doubtless, readily believe in the escape from double vision; but it will require more than the veracity of the exemplary matron to convince them that the patient could sew so wonderfully "with that eye"! The author hints that he can only account for this "strange" result of eight weeks' work, by the supposition "that a new lens, or something of the same consistency or translucency, is reproduced or secreted, which answers the purpose of the original one"!

The only other remark we have to notice is one in reference to displacement, in which he says, after stating in detail the injurious effects of the operation, and the consequent objection to it: "Notwithstanding these detracting evidences, *displacement* is the operation generally preferred by American surgeons, while in England and Germany it is in disrepute." We must take the liberty of expressing our doubts in regard to the accuracy of this opinion as to the general preference of American surgeons. We know of no evidence to support it, and we have too much faith in the knowledge and judgment of the ophthalmic surgeons of our country to believe anything so discreditable to either. Whatever may be the practice of some few surgeons of standing, who still resort to a procedure which, on the reporter's own showing, is a bad one as it is usually performed, and in spite of the same assumption on the part of a recent writer in a distant State, we cannot believe that it is ever willingly performed by experienced operators in this country. It certainly is not, to any extent, in Philadelphia; where, unless Prof. Pancoast's operation, which is not the ordinary method of displacement as he describes it, be included, the couching and depressing methods are condemned, and that of lateral displacement is not generally adopted. We have no hesitation in expressing the opinion that the "Report," as it is called, "on the Treatment best adapted to each Variety of Cataract," is a misnomer, and the attempt thus to determine very important questions, a miscarriage.

Whatever doubt there may be, however, in regard to the liability of the Association for the character of ordinary papers and reports, is, of course, removed so far as prize essays are concerned. Here, at all events, there can be no mistake as to the position of the ruling power. It has intrusted its reputation, not to the authors of the essays, but to the Standing Committee on Prize Essays, and must hold the latter, not the former, to accountability. Whatever may be overlooked in an ordinary report, for which the Association refuses to become responsible although the publication occurs under its own authority, we have a right to expect in an essay, crowned with the title of pre-eminent merit by the assembled medical wisdom and learning of the country, something more than a useful compilation, however well arranged, well expressed, and accurate and comprehensive it may be. Now, this is what we do not find in the otherwise very creditable thesis of Dr. Pallen. As a report on the ophthalmoscope, and its use in the exploration of the eye, and divested of its preliminary matter, it might be regarded as a desirable contribution to the *Transactions* of the Association, and, as such, might be entitled to a respectable position in the volume; but as a prize essay on vision, &c. &c., it is surely out of place, and neither receives justice itself as a volunteer communication, nor does justice to the Association as a professional and scientific body. There is nothing in the rudimentary account of the anatomy and physiology of the eye, with its diagrams and zoological introduction, which prefaces the somewhat more elaborate sketch of what is known of colour-blindness and some other anomalies of vision, or even in all of this together, that need have led the prize committee to mistake a praiseworthy exposition for an original production, or even a professor's *thèse de concours*. The interesting account of the ophthalmoscope, its employment, and the pathological changes of the internal eye which may be observed by it, as derived especially from French and German teaching, was cleverly drawn up, and justly elicited the approbation of the committee; still, they could hardly have accepted it as new, or as the result, beyond the mere act of arrangement at second hand, of *native* investigation; nor could they have considered the intelligent rehearsal of European experience, as such, entitled to the doubtful advantage of *national* supremacy in a professedly American work. We are at a loss, therefore, to comprehend the *rationale* of the process by which they reached a conclusion which must compromise the Association with all readers, at home and abroad, who know anything of the progress of the science of ophthalmology in the last five years. Happily the number of those who are thus informed in this country is by no means small; and enough has been done by American writers on the ophthalmoscope to redeem the profession of the country from the mortifying imputation to which the hasty action of the prize committee has subjected our national congress.

Perhaps, since there are no marks of original investigation, no statistics, no records of observation or experiment, nothing, in short, but the literary and critical, if not practical, merit which should characterize every paper admitted into the published *Transactions*, the hearts of our respected umpires were won, or their own visions confused, by the imposing array of illustrations which are appended to the essay. Here, however, the committee is again unfortunate, inasmuch as the pictures, although excellent in themselves, are nearly all "verified and coloured" copies from Jaeger, and present faces which had already become familiar to the student as well as the practitioner in many parts of the United States, to say nothing of British and continental readers. Before closing our remarks, we desire distinctly to say that it is the prize committee, and not the essayist upon whom the responsibility in this case rests. We would under no other circumstances be willing to notice this essay except in terms of commendation, as creditable to its youthful author. Although in some respects it is not the kind of dissertation on such a subject which additional experience would most probably induce him to prepare, it yet affords abundant evidence of well-trained industry, talent, and ability, which cannot fail to reap more substantial and permanent rewards than the too often equivocal, and in this instance doubtless unexpected, distinction of a prize. E. H.